

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/07/2016
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on January 7, 2016 from 2:00 PM to 2:30 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 101}	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building fire alarm system was not installed in accordance with the Rules in effect when first licensed Findings include:	{C 101}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 01/07/2016
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 101}	Continued From page 1 There is no heat detector or sounding device in the attic 10/15/2015: SF-Observations did not reveal a heat detector in the attic. Have a qualified technician install a heat detector in the attic of sufficient temperature range that has a separate sounding device. Provide documentation of the correction in the form of photos or copies of receipts or work orders. 01/07/2016: SF-Interview with Staff revealed that the heat detector had not been installed but had been ordered. Have a qualified technician install a heat detector in the attic of sufficient temperature range that has a separate sounding device. Provide documentation of the correction in the form of photos or copies of receipts or work orders.	{C 101}			
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Findings include: 2. Based on observation, the building exterior components were not maintained. Findings include: a) The wood on the 2 bay windows in the front is	{C 174}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/07/2016
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 174}	Continued From page 2 rotten. 10/15/2015: SF-Observations revealed the wood is rotted and the paint is flaking. Have a qualified technician repair the wood on the bay windows. Provide documentation of the repairs in the form of photos or copies of receipts or work orders. 01/07/2016: SF-Observations revealed the window trim had been painted but the wood was still soft and rotted. Have a qualified technician repair the wood on the bay windows. Provide documentation of the repairs in the form of photos or copies of receipts or work orders. b) The wood soffit on the back of the house is rotten 10/15/2015: SF-The soffit was replaced and painted, but is not secure and the soffit is hanging down. Have a qualified technician secure the soffit. Provide documentation of the repairs in the form of photos or copies of receipts or work orders. 01/07/2016: SF-The soffit was replaced and painted, but is not secure and the soffit is hanging down. Have a qualified technician secure the soffit. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.	{C 174}		
{C 180}	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents'	{C 180}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fc1041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/07/2016
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 180}	<p>Continued From page 3</p> <p>bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the call system was not maintained operable.</p> <p>Findings include: The call system is not working.</p> <p>10/15/2015: SF-Observations revealed that the call system is still not working. Have a qualified technician repair the call system. Provide documentation of the repairs in the form of copies of receipts or work orders.</p> <p>01/07/2016: SF-Interview with Staff revealed that the call system is still not working. Have a qualified technician repair the call system. Provide documentation of the repairs in the form of copies of receipts or work orders.</p>	{C 180}		